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SCIS

SPINAL CORD INJURY SERVICE

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ORIENTATION MANUAL

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VETERANS
ADMINISTRATION
MEDICAL CENTER
SEATTLE, WASHINGTON

COMPREHENSIVE CARE & REHABILITATION
GENERAL INFORMATION
GLOSSARY
MAP

MY REHAB TEAM

This manual belongs to:

_____

Date: _____

My Hospital Phone Number is: _____

MY DOCTORS ARE:

Physiatrist: _____

SCI Resident: _____

Neurosurgeon: _____

Orthopedist: _____

Urologist: _____

Plastic Surgeon: _____

MY NURSES ARE:

Primary Nursing Care Planner:

_____

Associate Nursing Care Planner:

_____

MY ALLIED HEALTH TEAM MEMBERS ARE:

Dietitian: _____

Occupational Therapist: _____

Orthotist: _____

Physical Therapist: _____

Psychologist: _____

Social Worker: _____

Therapeutic Recreation Specialist:

_____

Vocational Rehabilitation Specialist:

_____

OTHERS:

_____

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Spinal Cord Injury Service
Seattle Veterans Administration Medical Center

Welcome to the Spinal Cord Injury **(SCI)** Service of the Seattle Veterans Administration Medical Center **(SVAMC)**!

Zillions of questions have likely cropped up in your mind since you were admitted, and it's hard to know which one to ask first,...much less who to ask! We thought we'd take a page or two to let you get your bearings and tell you a little bit about what we have going here. Later on, we can fill in the details about your new surroundings and the people you will soon be meeting.

Spinal cord injury has a way of abruptly tossing your whole life up into the air, leaving you with little sense of what will happen next. It can take individual parts of your life and change them.

Rehabilitation is a way for you to regain control and rebuild your life. And rather than have everything come down in a big heap, you will be able to take those pieces and put them where **you** want them to go.

Later, there may be times when just as you get a handle on things, something simply decides to go astray. Usually this can be managed on an outpatient basis. If this problem is more involved, however, you may need to spend some time back in the hospital. Again, rehabilitation* lets you regain control and further learn how to maintain that control.

Spinal cord injury occurs in greater numbers every year. Because of this and the fact that it requires special attention, spinal cord injury centers have been established. At these SCI centers, the focus of effort is on medical care and rehabilitation specific to you.

Within the working environment of the SCI Service, a team exists whose center is you, your care, and most of all, your rehabilitation. You are the biggest part of that team. To be an effective member of the team, it is important that you take the time to get to know your way around, that you get to know the rest of us, and most of all, that you see what your role is in working with us.

And <u>that</u> is why we wrote this manual. We hope it will be a shortcut for you in acquainting yourself with these new surroundings. We have tried to anticipate your questions, answer them, and maybe tell you a few things you didn't even think of!

The big bonus to using this manual is that the more you know, the sooner you will be

able to do things on your own! (Not bad for a paperback, eh?)

About the manual itself...Please read it all the way through and keep it with you for quick reference as you need it. In the back there is a glossary of terms not only used in this manual, but also terms and lingo you are likely to hear on the ward too. Within the text, these terms will be indicated by an asterisk (*).

Once again, welcome to the SCI Service! Let us know what you think, and if you have any questions. We want to know more about you too!

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Our Philosophy

Our **rehabilitation (rehab*) philosophy** is simple and goal-oriented. It is to help you design a lifestyle that will allow you to function as **independently** as possible within the realm of your ability.

When you come in for help, the SCI Rehab Team gives you **comprehensive care.** This means that your medical care includes treatment of the problem itself, as well as everything that comes with it.

The SCI Rehab Team is made up of medical and non-medical staff from all parts of the hospital. This results in an **interdisciplinary approach** to your care. In this way, physical, psychological*, social, vocational*, and spiritual issues can be defined and treated all at the same time.

The responsibilities of the individual SCI Service Rehab Team members are described on the following pages. You may notice some overlap in these positions as we describe them in this manual. This overlap ensures that your **whole** medical care is being looked at not just once, but many times.

(*) indicates terms which can be found in the glossary.

THIS IS YOUR LIFE!

Before you get too far into the process of your comprehensive care and rehabilitation*, it will help you a lot to think about where all of this is taking you. You need to consider your home and community and where you will fit into it all. This is called **discharge planning***, and you are the ultimate director of this task.

While you are here, you will be working on a lot of different aspects of your life, from employment to taking a bath. Discharge planning helps you put your hard work into perspective by making you look beyond where you are right now.

It will seem very overwhelming at first, because there is so much to think over. Never fear! Your social worker will help out by showing you where to begin, giving you an idea of what is realistically available to you as goals, and how to adjust your goals as you go along. Indeed, there will be <u>lots</u> to talk about!

Your life after discharge will include and affect a lot of people -- your family, friends, fellow employees, etc. You will have to be thinking about them too. Therefore, the people who make up your support system* should be a part of your discharge planning.

Of course, discharge planning isn't all in your head! There is a lot to be done. There are telephone calls to be made, forms to be filled out, and applications to be filed. (And you're saying to yourself, "As if I don't have <u>enough</u> to do!!) Don't worry, your social worker will be on hand to guide you through the mechanics of it all.

(Your family and friends can be a big help in carrying out a lot of these tasks too!)

Just remember, **discharge planning is your ultimate responsibility.** The decisions you make are going to be important, one way or another. Soon enough those goals you set upon admission to the hospital will become the rewards of your efforts in your rehabilitation. So, now's as good a time as any to get the ball rolling!

YOU, THE TEAM MEMBER

You are the NUMBER 1, most important member of the team. (You will also be doing most of the work!!)

It is only with ACTIVE participation in your own rehabilitation* that the goals set by you and the staff can be worked on and accomplished. Without your support, the rehabilitation process doesn't stand a chance of succeeding.

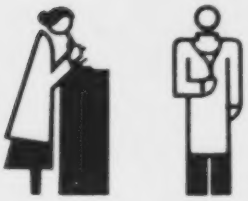
So, make sure you let us know if you don't understand something, or if you want to do something on your own, or if you have **any** questions about any part of your treatment. **Open communication** is **extremely important** along with everything else.

YOUR FAMILY & FRIENDS

Just as your rehab* program accommodates you as a whole, complex person, it also recognizes you as a member of your family unit.

Second only to you in importance as team members, your family and friends play a vital role in the rehab process. As your support system*, they are closer to you than any other members of the team. They will at times be very important in relieving some of the strain and anxiety that may build up inside you.

What happens to you affects your whole circle of loved ones, including close friends. They may be going through some adjustment too, so the counseling services offered to you will also be available to them.



In general, your doctors are ultimately responsible for the major decision-making and management of your medical and surgical care. You will see some more than others, since one physiatrist will actually coordinate your whole case. The other doctors you meet will help in dealing with specific problems you may have. Nonetheless, they all work in close association with the entire SCI team.

Physiatrist - Your physiatrist **(fizz-EYE-a-trist)** is the **overall manager** of your medical care. Heading a team of professionals, and with an emphasis on **rehabilitation***, he/she maps out a course of action specific to you. If special kinds of doctors are needed, your physiatrist will call on them to help out.

Below are some of the types of doctors who may become part of your team:

Neurosurgeon - (ner-o-SER-jun) - This doctor has specialized in surgery of the nervous system. A neurosurgeon's skills may be required to deal with such problems as the acute spinal cord or nerve injury, spine stabilization*, spasticity* and/or chronic pain*.

Orthopedist - (or-tho-PEED-ist) - This doctor deals with the repair of bone fractures, as well as with bone, joint and extremity* surgery. If spine stabilization* is needed, an orthopedist and a neurosurgeon will evaluate the need for surgery. If surgery is called for, one or both of them will perform it.

Urologist - (yer-ALL-o-jist) - If your injury leads to problems with your urinary system* or sexual function, a urologist will join the team. He/she will evaluate your situation and work closely with the team to cope with the problem. Your bladder function will be stabilized at a level that is healthy for you.

Plastic Surgeon - This doctor has specialized in the surgical care of skin problems. This also includes the underlying muscle, tendons & ligaments as well.

YOUR NURSING STAFF

You will see nurses more often than any other staff members. Below are listed the kinds of nurses on the SCI Unit. They are all there for you, so feel free to call on any of them to answer your questions.

Your **Primary Nursing Care Planner** is the Registered Nurse (RN)* who supervises the direct nursing care provided to you. He/she may or may not be a direct provider of that care on a daily basis. It is, however, his/her ultimate responsibility that you receive the best nursing care we can give while you are here.

She/He does this by writing your **nursing care plan.** This details what your caregiver* needs to do for you on a daily basis. Your care plan can only be changed upon agreement with your Nurse Therapist. In this way, your nursing care becomes consistent and will benefit you the most!

The **Staff Nurses, LPN's* and Nursing Assistants** are the backbone of the SCI unit.

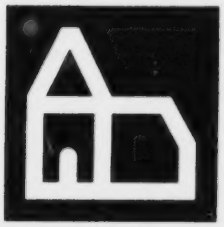
They follow the nursing care plan written by your Primary Nursing Care Planner. They give direct nursing care in all activities of daily living **(ADL)***. They also provide skilled nursing care during the acute stage of your recovery. They will spend much time teaching you how to care for yourself and maintain a healthy lifestyle after your injury.

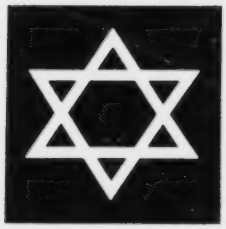
The **Clinical Specialist** is educated in the nursing care and management of SCI patients. His/her role of maintaining quality patient care is accomplished by providing staff, patient and family education. Questions or problems concerning any aspect of your care can be directed to your clinical specialist. He/she will provide you with the information or the name of a resource person who can help you.

The **Head Nurse** is the general nursing manager on the inpatient unit. The Head Nurse orders medical supplies and equipment, arranges staffing, and maintains the overall functioning of the unit. He/she monitors your care and is available to help you with any problem you may have during your stay.

ALLIED HEALTH TEAM MEMBERS

CHAPLAIN





You can never have too many familiar faces around you, so please feel free to have your clergy come by and see you.

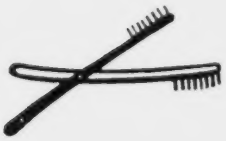
If you don't have your own clergy, call the Chaplain's Office (Ext. 2023). They can send a representative of the Catholic, Protestant, or Jewish faith to see you.

If you want clergy from a specific denomination, tell them that too. The Chaplain's Office will do their best to arrange this for you.

SERVICES:

Protestant: 9:15 AM Sundays
Catholic: 4:00 PM Saturdays

DENTIST



The Dental Clinic provides a full range of dental services to eligible **inpatients.** As a SCI inpatient, you will get certain dental attention. **Possible** dental treatment while you are an inpatient at the SVAMC includes examination, cleaning of your teeth, and elimination of oral* pain or infection. Filling of cavities and providing oral prostheses (false teeth, bridges, etc.) when appropriate to your medical needs may also be part of your overall care here. (**NOTE:** There is no guarantee that you will be eligible for any or all of these services.)

More than any other service, Dental follows some very **strict eligibility*** guidelines. Once you are discharged, your dental eligibility will be different too.

DIETITIAN

Your Dietitian's role is to assure that you receive good nutritional* care. To achieve this goal, your dietitian will discuss with you your food preferences, the types of food you ate before coming here, and how you manage your food at home (shopping, storing, preparing, etc.). From this information, your medical history, and a physical exam, a **nutritional care plan** can be developed to meet your specific needs.

If you have questions regarding your diet, your dietitian will be available to answer them. If you are on a special diet, he/she will help you learn how to manage your new diet at home.

Your dietitian will also participate in your discharge planning* with the other team members. This will assure that you maintain good nutrition* after you leave.

OCCUPATIONAL THERAPIST (OT)

Your Occupational Therapist works **with you** in the many different ways to help you reach your maximum potential. Listed here are some of the things you and your OT may be working on.

We strive to increase your arm and hand use so you can be as independent as possible in Activities of Daily Living **(ADL)*** such as bathing, dressing, and toileting. This is done with exercise, training and the making of arm and hand splints*.

We often make and order adaptive equipment*, such as eating utensils, page turners, razors, etc.

Together with your Physical Therapist **(PT)**, your OT makes home evaluations* to recommend possible modifications there and to determine any equipment needs prior to your discharge from the hospital.

OTs also do pre-driving evaluations, drivers training and the ordering of appropriate driving equipment.

Pre-vocational assessments, which are evaluations of your job-related skills, are also a role of OT.

ORTHOTIST (OR-tho-tist)
PROSTHETIST (PROSS-the-tist)

Prosthetics **(pross-THEH-ticks)** provides medical equipment, supplies and services to eligible* and entitled veterans.

The Orthotics **(or-THAW-ticks)** Lab designs, fabricates*, modifies and fits orthotic (braces*, orthopedic shoes, supports) and prosthetic (artificial limbs) devices.

Prosthetic Representatives are available for inquiries concerning procedures for obtaining medical equipment, supplies, adaptive equipment*, and associated repairs.

PHYSICAL THERAPIST (PT)

The goal of physical therapy (<u>also</u> called "PT") is to help you learn the best ways to move your body again. It might mean walking with leg braces*, learning how to go up curbs in your wheelchair or sit up in bed, or learning how to control a highly specialized wheelchair. It does mean having fun while you're working!

In relearning how to move, you will be involved in strengthening and stretching exercises, endurance training, and exercises in the control of your movement and balance.

Along with your Occupational Therapist **(OT)**, your PT will evaluate your needs for specialized equipment such as wheelchairs and cushions, bathing equipment, and will make recommendations for modifications to your home environment. Your PT will also work closely with your Therapeutic Recreation Specialist (TRS) in helping you pursue any areas of sports and recreation in which you are interested.

PSYCHOLOGIST

A Psychologist **(sigh-CALL-o-jist)** is available to help you and your family cope with the problems that may accompany this major change in your lifestyle.

He/she can help with special needs that are often very personal, such as sexual concerns, alcohol/drug problems, or relationship difficulties. You can also talk with you

psychologist about more general needs, such as improving self-esteem, how to handle stress, and how to make friends in this busy world.

Specific tests will be performed by your psychologist to evaluate* your intellectual abilities and assess personality characteristics that are important factors in your rehabilitation*.

The psychologist will work with other team members, especially the social workers, to help you and your family understand the process of rehabilitation and help you achieve your own personal goals.

We want you to know that you and your family are <u>always</u> welcome to talk about <u>any</u> concern.

RESPIRATORY THERAPIST (RT)

Working closely with your nursing staff, the RT's role is to provide you with various aspects of pulmonary (lung) therapy. Deep breathing and coughing exercises, chest physical therapy*, suctioning*, airway and ventilator management* are included in this program.

SOCIAL WORKER

Your Social Worker will work with you and your family while you are on the SCI Unit and when you come to clinic after discharge. Our purpose is to help you live as independently as possible in the community. The social worker will assist you and your family with personal, sexual, financial, or social concerns, and in planning your discharge. Your social worker will arrange family conferences and answer questions about housing, attendant* care, transportation and other community services.

SPEECH PATHOLOGIST

A Speech Pathologist will join the SCI team if your speech or swallowing abilities are impaired.

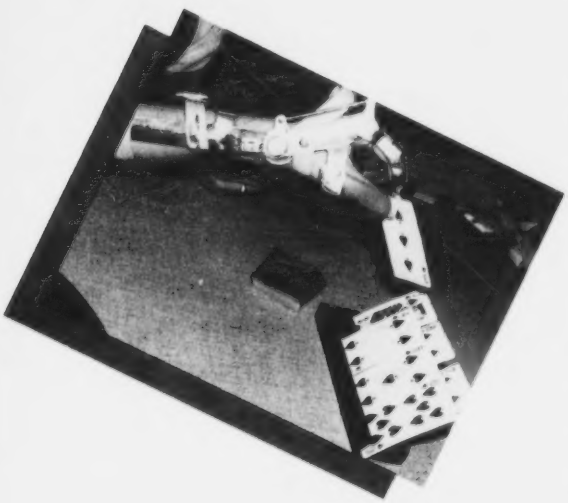
You may be taught special exercises designed to increase lung capacity* and prevent further respiratory* troubles.

You may need special adaptive equipment* for communication. The speech pathologist will assess your needs, order appropriate devices and train you to use them.

THERAPEUTIC RECREATION SPECIALIST (TRS)

We gave the whole thing away with the word "recreation", didn't we? Well, you're right! This is the **"play time work"** part of your rehab*. But, don't think this is just frivolous time spent having a good time (even though it may seem that way!)!

The goal of Therapeutic Recreation is to assist you in achieving independent and personally rewarding leisure involvement. It reinforces the skills you learn in other therapies* and provides a basis for continued leisure activities after discharge.



The first step in reaching this goal is for you and your TRS to discuss your current and past leisure interests and hobbies. The next step is to take this information and design an individual action plan. This may include your participation in one or all of the following programs:

Leisure Skill Development - This includes learning new or former hobbies and leisure interests, with or without adaptation. You will be an active participant in games, sports, crafts, music...whatever interests you!

Leisure Education & Counseling - This involves both classroom learning and action in the community. You will explore your attitudes toward leisure, learn what community recreation resources are available, and discuss other topics to help you get the most from your leisure.

Community Integration - This is a fancy term for **involvement**! Outings to sports events, picnics, movies (etc! etc! etc!) will help you learn what there is to do as well as providing you with experiences in the community. The TRS will also assist you with ideas for "fun things to do" while on pass.

Enjoy!!

VOCATIONAL REHABILITATION SPECIALIST (VRS)

Your VRS is here to assist you in selecting, training for and obtaining work which is compatible with your interests and abilities. **Issues considered** include: returning to your previous employment, finding a new and/or different job, or getting into a retraining program.

Vocational* testing and counseling are provided to help you determine an appropriate plan for your training or schooling experience. Appropriate referrals will be made according to your needs and abilities. Please realize that your eligibility* for certain kinds of referrals is highly dependent upon your specific situation.

During the initial stages of your vocational rehabilitation* program, your VRS will collaborate with Occupational Therapy (OT)* in the following:

Pre-Vocational Testing, which measures your vocational strengths and weaknesses through the use of simulated work samples,

Physical Capacities Evaluation, which can help evaluate your physical abilities to perform different types of work,

Work Hardening Program which helps you increase your work tolerance and physical endurance so that you can perform the duties of a particular job.

OTHER RESOURCES

Case Manager:

The Case Manager works as part of the vocational rehabilitation* team. He/she acts as a liaison between the hospital and the Department of Veterans Benefits **(DVB)** for those **service-connected disabled patients** who are eligible* for Chapter 31, V.A. Vocational Rehabilitation.

Special programs will be made available to you through the Case Manager as are appropriate to your needs.

Veterans Benefits Counselor (Ext. 2446):

This person functions in the VAMC to represent all inpatients (and their dependents) for all benefits other than their treatment. This includes filing claims, checking on claims already filed, referrals to other agencies, and general information regarding possible entitlement to benefits.

Hospital Based Home Care:

The SCI Hospital Based Home Care (HBHC) program is there to aid you in your transition back into the community. It is staffed by an interdisciplinary team that focuses on your lifestyle as an outpatient, although it works directly with you and the SCI team before your discharge.

The HBHC team assists veterans in their homes within a 50 mile radius of the SVAMC*. They provide teaching and assist you in maintaining your independence and dealing with problems you may have, thereby avoiding the necessity of hospitalization.

Outpatient Clinics:

The Spinal Cord Injury Clinics offer primary care* and continued rehabilitation* to those veterans who live in the immediate area. For those who live further away, the clinics are available to consult with you and the physician(s) you usually see if problems arise.

Clinics are held on a regularly scheduled basis. You may be seen more often as needed to promote wellness, treat illnesses, or problem solve. The staff members in the clinics are of the same variety of professions as those you are working with during your inpatient stay.

Nurse practitioners, under the supervision of physiatrists, are the initial care providers. Contact them if you have any questions or concerns.

The SCI Unit will serve as your home and community while you are a patient here. Just like most homes and communities, there are some rules and expectations regarding acceptable and unacceptable behavior. Some rules apply to the entire hospital and others are specifically for this unit.

Included in the following pages are some general SVAMC* rules and policies. The rules designed just for the SCI Unit will be provided separately and will indicate **specific** information regarding any disciplinary actions that may apply. Areas of concern include: "lights out" time, radio playing times, late or missed appointments, acts of violence, and drug or alcohol use.

We believe in being open and honest right from the beginning of your treatment, and we hope these rules will assure a safe, healthy, and productive environment for **everyone** involved in the SCI Unit. Cooperation and communication are the keys to working together as members of this community. Please read the rules carefully and keep it with this manual for future reference.

OH, NO!!! WHERE'S MY CAR!?!?!?!?!?!?

Do you hate that nagging feeling that comes with being stuck somewhere and knowing full well that right this moment your car could be being towed away?

What about that unpleasant sensation in the pit of your stomach that comes when you find that indeed your car is gone?!?!?!?!?

Here are some helpful hints on how to avoid these and other parking anxieties:

"Sorry, The Lot's Full" (inpatient/long term) - Please, don't admit your car when you admit yourself to the V.A.! We have a parking crunch.

The general layout of the SVAMC and the construction and revision of buildings goes on long after the opening of the SCI unit. This greatly limits parking and in some areas presents a severe safety hazard. We suggest you have a friend or family member take your car home.

If overnight parking is absolutely unavoidable, arrangements can be made through the V.A. Police Office (Ext. 3113).

"Staying for the Day" (outpatient/short term) - Parking for SCI outpatients is available in two locations - to the northwest of the SCI unit entrance (6 spaces), and the first row of the North Parking Lot (7 spaces).

These slots are designated for SCI use <u>only</u> and require identification stickers. These ID stickers are available from the nurse practitioner in the SCI Outpatient Clinic.

If you don't have a sticker, please park in the general parking area. There are handicapped slots available there.

Visitor Parking - Your visitors can park in the specific areas posted throughout the lot.

If you have other parking problems, call the **V.A. Police** (Ext. 3113).

DO I HAVE TO WEAR V.A. PJs THE WHOLE TIME I'M HERE??

Hospital gowns or pajamas are to be worn only when you are in bed for the night or confined to your bed for medical treatment.

Street clothing that is easy to change in and out of is to be worn at all other times. Pack lots of shirts, pants and socks, as well as a jacket or overcoat. You are going to need them!

Loose fitting but firm shoes (like good sneakers) are the best to wear. Your feet and ankles may do some swelling after your injury, but you will still need the support of a good shoe.

And don't forget your **swimsuit.** Some parts of your therapy may involve water.

Laundry facilities are available for you to use.

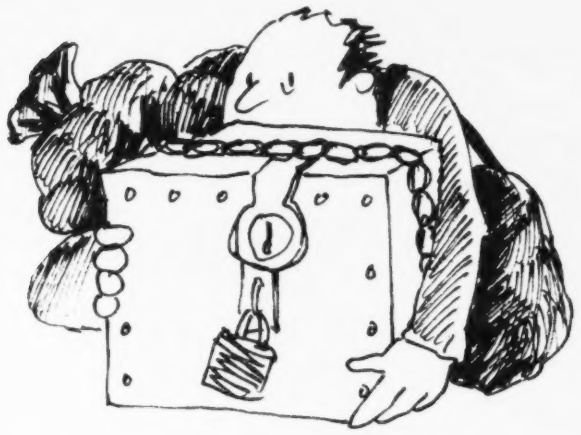
THINGS NEAR AND DEAR TO YOU

We encourage you to leave all valuables, large amounts of cash, etc., at home, or have them taken there by friends or family members for safekeeping.

Anything left in your room is strictly your own responsibility. **The hospital is not liable for lost or stolen property.**

Please keep no more than $5.00 cash on you. Anything more must be deposited with the **Agent Cashier**, who is located in **Bldg. 100, Room 1D140c (Ext. 2054)**. Their office hours are **8:00 am to 4:30 pm, Monday through Friday.** Withdrawals and deposits of money stored with the Agent Cashier can only be made **by you.** If you are bedridden*, the Agent Cashier will come to you on the ward. **Don't forget to get a receipt!**

Please note that the hospital is not liable for the transportation of cash or any financial transactions not handled by the Agent Cashier of the SVAMC.



THERE'S NO PLACE LIKE HOME . . .
EXCEPT MAYBE YOUR V.A. HOSPITAL ROOM

Equipment from Home:

You will need to bring in your wheelchair (manual and/or electric) and other adaptive equipment*. Check with a team member if you have any questions.

We discourage you from bringing any major electrical equipment. Items which are **okay** to bring:

* Electric wheelchairs and battery chargers
* Small radios & tape players **with headphones** (Keep in mind that these must be inspected and approved by our Engineering Service.)
* Personal toilet items (contact lens cleaning machines, electric razors, etc.)

TVs are already provided in all the rooms.

After 10:00 p.m. we ask anyone using radios, tape players, TVs, etc., to use headphones and to keep noise to a minimum. You will have a busy day tomorrow, and so will others around you. Please be considerate.

You will have a closet in your room. This can be used to store your personal items and clothing from home.

Remember, you are responsible for your own belongings, so use common sense.

Loaner Equipment:

Specialized loaner equipment for therapy includes, but is not limited to:

* Wheelchairs and cushions
* Adaptative ADL* equipment
* Recreational equipment

Since they are the property of the different therapy* services, you may be asked to sign a loan agreement. This holds you responsible for returning the equipment in the same condition in which it was loaned. **This is especially true of loaned wheelchairs.**

We ask that you treat this equipment with respect. There are a lot of people dependent upon it for their therapy, including you. Equipment is no use to anyone when it is missing or doesn't work!

WHEN DO WE EAT??????

Breakfast:	7:00 am - 8:30 am
Lunch:	11:30 am - 12:45 pm
Dinner:	5:00 pm - 6:30 pm

Meals will be served in the SCI Service Dining Room. You are expected to eat there. If your program makes for a tight schedule, you may have breakfast in your room.

If you are confined to your bed, you may have your bed pushed down to the Dining Room upon mutual agreement between you and your nurse.

WHEN CAN AUNT MARTHA BRING MY FLOWERS AND BON-BONS?

We could just say that visiting hours are **daily, 1:00 pm to 8:30 pm,** and be done with it.

Now don't go sending your family and friends away yet, though, because that's not the whole truth!

But don't tell them they can drop by any time either, because that's not even the whole story!

Yes, it's true, your therapy* and nursing sessions are usually going to be in the mornings and the afternoons. But you could be in therapy once a day three days a week.....Or you could be in therapy three times a day seven days a week.

The hours listed above are the general visiting hours of the SVAMC*. These aren't carved in stone, though, because a lot depends on why you are here and how long you plan to stay.

Flexibility is the key...on your part, and on ours.

Check with your nurse just to make sure. Between the two of you, a visiting hour schedule can be set that won't interfere with the work you have to do, but so you can see your family as much as possible.

Oh, and about your children...(If you are going to be here for a long time, we certainly don't want them to forget what you look like!) They are welcome to come and see you, but, again, **check with your nurse** first for the okay. One way or another, though, your children must be with you or another adult when on the ward. It is your responsibility that they are not a disruption to other patients.

THE NEXT BEST THING TO BEING THERE

Pay telephones are located in the corridor near the Quiet Room by the main entrance to the SCI unit. You can give out pay phone numbers for incoming calls, but the staff will not answer these phones. Patients are responsible to answer them when they ring.

At the time of this printing, policies and plans are being explored regarding the possibility of telephones in SCI patient rooms.

WHERE TO HAVE YOUR FAN MAIL SENT

(YOUR NAME)
c/o Spinal Cord Injury Unit (128)
Seattle Veterans Administration Medical Center
1660 So. Columbian Way
Seattle, Washington 98108

Incoming mail will be distributed on the ward by a staff member. Outgoing mail may be left with the ward clerk.

CLEARING THE AIR ON SMOKING

Smoking is allowed **only** in the designated areas of the Dining Room/Day Room of the SCI unit.

Smoking is **not** permitted in patient rooms. If you are **bedridden***, your bed must be rolled down to the Dining Room/Day Room. In addition, a smoker's robot* is required when smoking in bed. As well, you may only smoke in the presence of an employee, volunteer, or a visitor or another patient deemed responsible by your nurse.

Cigarettes and other smoking products are not sold in the hospital.

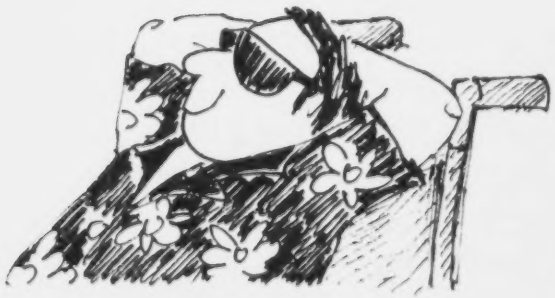
BEFORE YOU HEAR THE POLICE SIRENS . . .

The items listed below are considered **contraband*.** Therefore, you and your visitors may not bring them with you to the hospital. **Disciplinary action** will be taken if you choose to ignore this fact. (Specific details of such action are outlined in a separate handout available from the ward clerk.)

1) Possession of firearms*, potentially dangerous or deadly weapons (including knives), ammunition, explosives, or incendiary devices*.

2) Introduction, possession, distribution, or use of alcoholic beverages, narcotics*, drugs*, hallucinogens*, marijuana, barbiturates*, amphetamines* or related paraphernalia unless for medically approved purposes.

SIGHTSEEING THE V.A. WAY



It is very important that the nurses know where you are at all times in case of emergencies and/or appointment changes. Whenever you leave the unit for activities not listed on your schedule, you must **sign out** at the nurse's station.

You are free to go just about anywhere within the SVAMC* facilities. The Chapel (Bldg. 100, Rm. BB108), the Canteens (either in Bldg. 20 or 100), the Barbershop (Bldg. 20 - by the canteen), the Library (Bldg. 24, Rm. 155), the Rec Room (Bldg. 100, Rm. 1D118) and adjoining patio, or outside on the grounds are all okay.

Once you have been admitted, however, you may not leave the hospital grounds without a pass (See below).

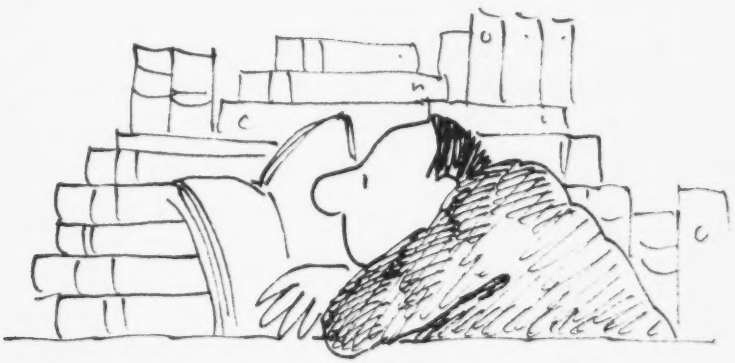
GIVE ME A BREAK!!!!!

If you and the rest of your Rehab Team decide that a pass would be therapeutic to you, your physician may authorize it.

If you do not come back when you are supposed to, future passes will be in jeopardy.

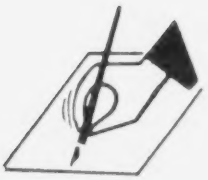
If you do not return and give no word of your whereabouts, you may simply be discharged.

GOT ANYTHING TO READ??



Stir Crazy and **Cabin Fever** are terms that come to mind often when you are in the hospital. This may be the perfect time to catch up on some reading!

There are two places where you can get material to read: The **SVAMC* Health Education Center (HEC)**, and the **SCI Service Collection.**



***The **HEC** is in **Bldg. 24, Rm. 155** (Ext. 2065) and is open **Monday through Friday, 8:00 am** to **4:30 pm**. A librarian is on duty Monday through Thursday, 11:00 am to 4:30 pm.

The HEC carries health related videotapes, books and pamphlets; anatomical* models; and free (the magic word!) paperbacks for the taking. The HEC offers nice surroundings if you would like a change of pace.

If you are **stuck in bed**, give them a call. It works just like takeout pizza! They will be glad to send up what you would like to see. A volunteer even brings a free book cart around each day, so never fear!

Career planning can also be tackled at the HEC. They have a good supply of college and vocational* school catalogs that you are welcome to browse through.

The HEC is a great place to go off the ward to, because it is a Northwest Trek to get there! Be sure to ask your nurse for general directions the first time you head down that way.

***The **SCI Service Collection** is located in the **Day Room** in the SCI Service.

Recreational and educational materials are available for you and your family members to use. Please remember to return these items to their appropriate places when you are through.

Most, if not all, of these items are donated or were funded only one time. **Once lost or removed, replacement of these materials is virtually impossible.**

SHHHHHHHHHHHHHHHH!!!

The **Quiet Room** is a place where you and your family can go to enjoy some peace and quiet for thinking or reading. Quiet conversations are OK in this area as long as you do not disturb any other person's quiet time.

Individual and group patient education may be done in this room. Film presentations may also be conducted here, but please respect other people's rights to use this room. It's purpose as a quiet room takes presidence over these other activities.

Please note: This room needs to be used by the nursing staff for team report during the hours of 7:00-8:30am, 3:00-4:30pm and 11:30pm-12:00pm.

WELCOME TO THE ALMOST REAL WORLD

The **Independent Living Unit (ILU)** is located within the SCI Service. The purpose of the ILU is to evaluate independent living skills in an apartment setting. If you participate in this program, you would actually live there for a period of time, a maximum of which is 7-10 days.

The ILU will be used by you and your attendant* (if needed) only. There will be rules to follow and you must meet certain criteria to be eligible* for referral.

TAKING ON SOME OF THE RESPONSIBILITY

During your stay here, you will find that you are encouraged to do most things on your own. Among these may be **self-medication.**

Self-medication is the opportunity for you to be responsible for your own prescribed medication* **(meds).**

Your nurse and a pharmacist will teach you about dosages*, possible side effects*, and time schedules. You may be given a calendar grid to help you keep track of your efforts. On it, you will list the medication name and when you took it.

Your nurse will check with you each morning to make sure everything is going okay.

DRY READING (BUT PLEASE READ IT ANYWAY!)

The following list of **Patient Rights** are assured for each patient unless medically contraindicated*. You have the right to be informed about, to consent to or to refuse the recommended treatment. You have the right to present grievances* if you feel these rights have not been provided.

1. You should be treated with dignity as an individual, with compassion and respect, with reasonable protection from harm, and with appropriate privacy.

2. You will receive, to the extent you are eligible*, prompt and appropriate treatment for physical or emotional disorders or disabilities, in the least restrictive environment necessary for that treatment, free from unnecessary or excessive medication*.

3. You will not be denied your legal rights while hospitalized (except where State law provides otherwise).

4. You have the right to communicate freely and privately with persons outside the facility and to have or refuse visitors. There shall be reasonable access to public telephones for making and receiving calls.

5. You have a right to receive unopened mail. If there is reason to believe the mail may contain contraband*, then you will have to open the mail in the presence of an appropriate person.

6. You will be afforded the opportunity to write letters and be assisted in doing so when necessary.

7. You will be allowed to wear your own clothes and to keep personal possessions.

8. You have the right to keep and spend your own money.

9. You have the right to social interaction as well as to regular exercise. Also, you will have the opportunity for religious worship.

10. Your medical record and all other information about you will be kept confidential unless disclosure is required or permitted by law or you consent to its release.

A detailed description of these rights and the way to present grievances is posted on each ward and in other treatment areas.

MORE DRY READING
(BUT PLEASE, PLEASE, PLEASE KEEP READING!)

Your compliance with the following list of **Patient Responsibilities** is necessary to assure you of the highest quality care. It shows also the importance of your contribution to your care. You are responsible:

1. To follow all of the medical center's safety rules and posted signs.

2. To try to be considerate and respectful of all medical center personnel and other patients.

3. To cooperate with your treatment staff. If you have questions or disagree with your treatment plan, you are responsible for discussing it with your treatment staff.

4. To try to prevent any injury to yourself, other patients, visitors and staff members by your own actions and to be responsible for the safekeeping of clothing, money, and personal possessions you choose to keep with you while you are in this facility.

5. To keep all of your scheduled diagnostic or treatment appointments on time.

6. To avoid interfering with the treatment of other patients, particularly in emergency situations.

7. To assist by alerting the staff when another patient is having any difficulty.

8. To tell your visitors to be considerate of other patients and medical center personnel and to observe the visiting hours.

9. To be understanding and patient if you encounter delays.

10. To make sure you understand what medications* you must take following discharge from the medical center, and whether you are scheduled for outpatient follow-up visit(s).

BUT WHAT DOES IT MEAN????

This Glossary of Terms, Lingo, and Abbreviations is here for your use. It not only pertains to the contents of this manual, but to the word usages you will hear on the ward. You may wish to just look them over to get a feel for SCI Service terminology.

Acute stage -- the time right after your injury when you're in the hospital and may have many kinds of medical problems.

Adaptive Equipment -- equipment which is used to help adapt your environment to your personal needs. Examples include ramps, splints to hold pens or forks, and hand control to drive vehicles.

"ADL" -- activities of daily living -- self care activities such as bathing, dressing, toileting, eating, grooming, etc.

Agent Cashier -- functions as a limited service bank for inpatients. Handles travel money and social worker approved funds. See also Pg. 30.

Airway management -- helping you get the air you need from the outside into your lungs.

Amphetamines -- a class of stimulant drugs which are often abused. Can cause damage to almost all parts of the body if abused. Street names: "whites", "uppers", "bennies".

Anatomical -- pertaining to how your body is put together.

"The Apartment" -- ILU -- See Pg. 39.

Appliances -- a device used to perform or help you perform a certain activity.

Attendant -- an individual (family, friend, stranger, etc.) hired to assist with household tasks or personal care on a routine basis.

Automobile adaptive equipment -- items/devices necessary to permit the safe operation of or the ability to get in and out of an automobile or another type of vehicle.

Barbiturates -- a class of sedative drugs, useful in patients with some conditions, dangerous when abused. Street names: "downers", "reds".

Bedridden -- when you are confined to bed for medical treatment.

Braces -- splints used to support, align, or hold parts of your body in correct position.

Caregiver -- general term used to describe any person who gives you physical, emotional, psychological or social care.

Cath -- slang for Catheterization (See below, also see ICP).

Catheterization -- Cath or ICP -- inserting a small special tube into your bladder to empty urine.

Chronic Pain -- pain which has usually been present longer than 6 months, is out of proportion to physical and laboratory test results, for which pain medication doesn't work, and which becomes central to the lifestyle of the sufferer.

Clothing allowance -- an annual sum of money, specified by Congress, to be paid to each veteran who, because of his/her service-connected disability, wears or uses a prosthetic or orthotic appliance (including a wheelchair) which tends to wear out or tear the clothing of the veteran.

Contraband -- items that are illegal, prohibited, or forbidden for possession, sale, or distribution in any way.

Contraindicated -- something that is bad for your health.

Decubitus Ulcer -- bed sore, pressure sore, pressure ulcer -- a reddened area or an open sore usually found on the skin over bony areas like your hip bone or tail bone. It is usually caused by too much pressure on those areas.

MAP

Discharge planning -- See Pg. 9.

Dosage -- The amount of medication you should take and when to take it.

Drugs -- This is a confusing word. If may mean medicines you take to get better, or it may mean substances that are abused.

DVB -- Department of Veterans Benefits

Eligibility -- the determination of whether you qualify for certain entitlement programs. V.A. benefit payments are based on certain facts, among them being your period of service, whether you had an honorable or other discharge from the service, income guidelines, and/or a documented physical disability.

"EMG" -- electromyogram -- a test to find out how your nerves and muscles are working, using electronic equipment.

Evaluation -- the careful study of something to determine its significance or value.

Extremity -- a medical term referring to your arm or leg.

Upper extremity includes your arm, forearm, and hand.

Lower extremity includes your thigh, lower leg, and foot.

Fabricate -- to construct, assemble, or manufacture.

Firearms -- a weapon from which a shot is fired by gunpowder.

Gait -- description of your individual style of walking.

Grievances -- complaints or disagreements that are serious and in which you need help resolving the problem.

Hallucinogens -- a substance that makes you see, hear, and feel things that are not really there. Some hallucinogens you may hear about on the street are LSD, PCP, "angel dust", and some kinds of mushrooms. They can make you very ill.

Halo -- a metal ring worn around your head used to treat broken necks. When used with a plastic vest, this keeps your neck and body straight.

"HBHC" -- Hospital Based Home Care -- see Pg. 26.

Health promotion -- those activites and attitudes which you have that help you live a healthy life.

Health risks -- those things, such as living conditions, heredity, attitudes or activities, which increase your chances for poor health.

"ICP" -- See Intermittent Catheterization Program.

Incendiary devices -- those things which burst into flames or explode (e.g., gasoline, bombs, fireworks, etc.).

Incontinence -- a bowel or bladder accident.

"ILU" -- Independent Living Unit -- see Pg. 39.

Intermittent Catheterization Program -- "ICP" or "Cath" -- a routine program used to empty the bladder by catheterization to prevent accidents.

"LPN" -- Licensed Practical Nurse -- this person is trained and licensed to provide routine care for the sick.

Lung capacity -- the volume of air you can breathe and your lungs can hold.

"MD" -- Doctor of Medicine -- This is someone who has passed four years of medical school. May be an intern, resident, or staff doctor.

Medical history -- the important information about your past and present health.

Medication (medicine) -- a therapeutic substance you take which is prescribed by your doctor or purchased "over the counter".

"NA" -- Nursing Assistant

Narcotics -- a class of drugs - usually pain relievers - which, when taken over a period of time, can cause physical and psychological dependency.

Nutrition -- the food you eat and how your body uses it to live, grow, keep healthy and get the energy your need for work and recreation.

Oral -- pertaining to your mouth.

Orthosis -- a device applied to the exterior of the body to support, aid and align the body and limbs, or to influence motion by assisting, resisting, blocking or unloading part of the body weight. These may include, but are not limited to, braces, binders, corsets, belts and trusses.

"OT" -- Occupational Therapy (Therapist) -- see Pg. 18.

"Para" -- paraplegic -- the condition of being <u>completely</u> paralysed in such a way to include just the legs.

Paralysis -- the inability to control movement of a part of your body.

Paraparesis -- this is <u>incomplete</u> paralysis or weakness of the legs only.

Personal effects -- Clothing, personal equipment, toilet articles, suitcases, & other items of like nature.

MAP

Personality -- thoughts, feelings and behaviors that are specific to an individual, often representing a particular pattern or style of life.

Physiotherapy -- physical therapy -- See Pg. 20.

Primary care -- the medical care of routine illness like colds, flu, etc.

Prosthesis -- an artificial substitute for a missing body part.

Prosthetic appliances -- all aids, appliances, parts or accessories which are required to replace, support, or substitute for a deformed, weakened, or missing anatomical portion of the body. Artificial limbs, terminal devices, stump socks, braces, hearing aids and batteries, cosmetic facial or body restorations, eyeglasses, mechanical or motorized wheelchairs, orthopedic shoes, and similar items are included under this broad term.

Psychological -- related to mental and emotional factors that influence behavior (e.g., motivation, awareness, personality, etc.).

"PT" -- Physical Therapy/Physical Therapist -- see Pg. 20.

Pulmonary -- having to do with your lungs and breathing.

PVA -- Paralyzed Veterans of America -- an organization which provides free assistance to veterans and other individuals with spinal cord dysfunction. The PVA assists all disabled veterans through a broad range of programs designed to promote fuller access to the community. A local representative of this organization is assigned to this V.A. Medical Center and will be available to meet with you and your family.

"Quad" -- quadriplegic (or tetraplegic) -- the condition of being completely paralysed in a way that includes legs and part or all of the arm muscles.

Quadriparesis -- weakness, or incomplete paralysis involving the arms and legs.

Range of motion -- "ROM" -- an arc of movement of a joint of your body.

"Rehab" -- Rehabilitation -- the process of doing away with, adapting to, or compensating for disabilities.

Respiratory -- having to do with your breathing.

"RN" -- Registered Nurse -- a graduate trained nurse who is licensed by the state after passing qualifying examinations for registration.

"RT" -- Respiratory Therapist -- see Pg. 21.

MAP

"SCI" -- spinal cord injury -- an injury to the back or neck causing damage to the spinal cord, leading to paralysis.

Self-medication -- taking control of giving yourself your medications.

Side effects -- the effects of something, usually medication, that are different from the reason for which it was originally planned.

Smoker's robot -- a mechanical device which holds a cigarette safely away from the smoker. The cigarette can then be smoked through a piece of tubing.

Spasticity -- movement in your arms and legs due to muscle spasm that may occur as a result of spinal cord injury. It may be somewhat controllable.

Spine immobilizers -- braces or devices that keep you from moving your back.

Spine stabilization -- a brace or device that aids in supporting or stabilizing your back.

Splint -- a rigid or flexible appliance used for the fixation (holding in place) or support of a displaced or movable part of the body.

Suctioning -- removal of mucous from the throat and/or lungs by a small tube attached to suction.

Support system -- the persons who are important to you because they strengthen your emotional, physical and social wellbeing. They usually are your family, friends, co-workers, neighbors, members of your church, landlord, or veterans group.

SVAMC -- Seattle Veterans Administration Medical Center -- You Are Here!

Therapy -- the treatment of diseases or disorders.

"TRS" -- Therapeutic Recreation Specialist -- See Pg. 23.

Urinary system -- the body parts that turn wastes into urine, stores it and gets rid of it.
Kidneys: filter blood to wash it clean, and make the urine.
Ureters: tubes to bring the urine from the kidneys to the bladder.
Bladder: dynamic storage tank for the urine.
Urethra: tube to bring the urine from the bladder to the outside.

"V.A." - Veterans Administration

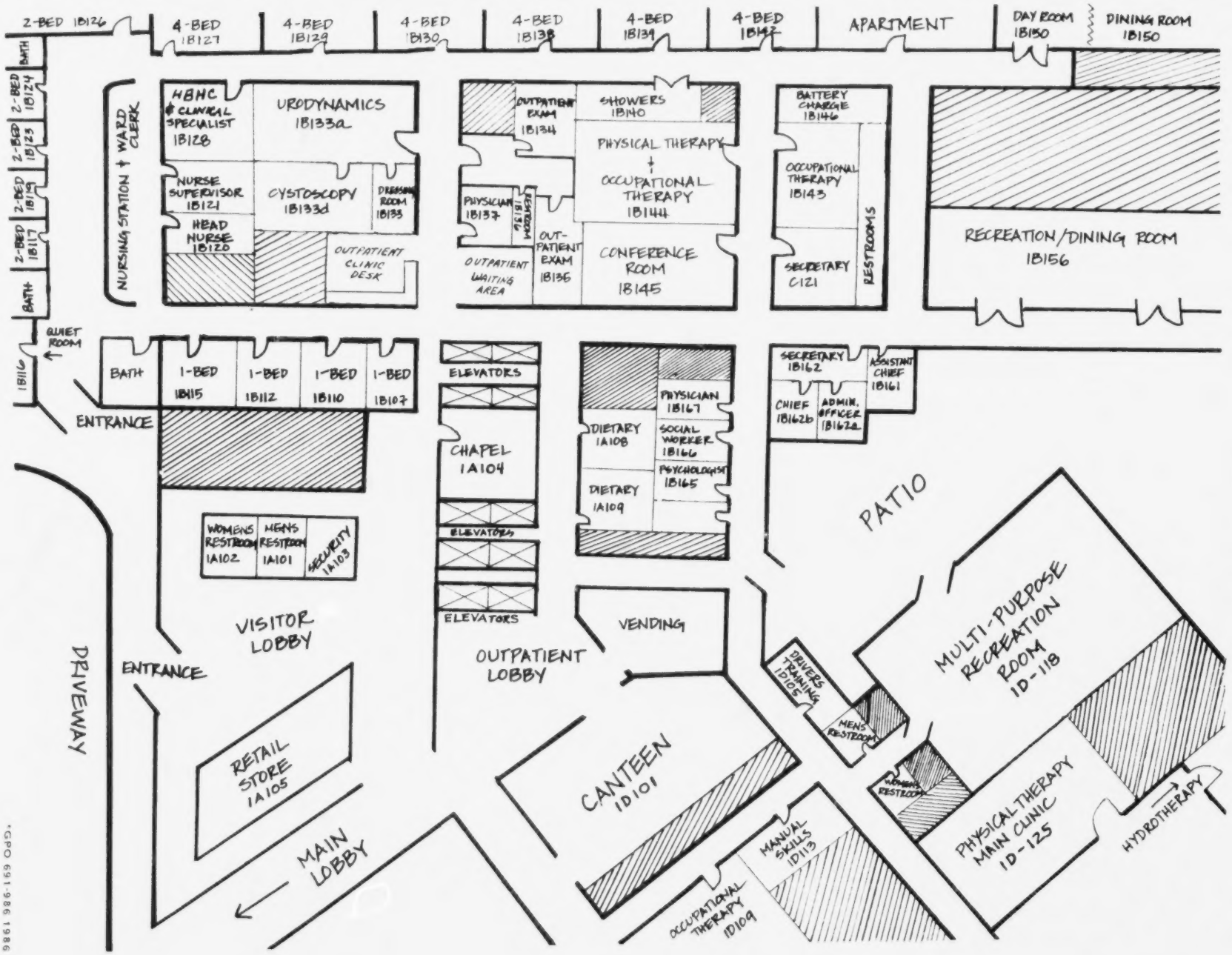
Valuables - Precious stones, jewelry, unendorsed checks, stocks, bonds, wallets, credit cards, important papers, & other items of real or sentimental value

Ventilator -- a piece of equipment that helps you to breathe when you can't do it yourself.

Vocational -- work or job-related activity (avocational = hobbies & recreation).

Voc Rehab -- Vocational Rehabilitation -- developing skills to improve work habits or to increase employment potential.

VRS -- Vocational Rehabilitation Specialist -- See Pg. 24.



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Many of these individuals are assigned to the Spinal Cord Injury Service from other services and are listed below by their parent departments.

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Jim Purcell, V.R.S, Staff Vocational Rehabilitation Specialist
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PATIENT
EDUCATION
PROGRAM

SEATTLE, WASHINGTON
12/85